

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000887

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 26

Primary Registration District No. 5328

Registrar's No. 3-1962

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY

CRAWFORD

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

LIBERTY TOWNSHIP

Length of stay in 1b

6 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

8 MI. N.E. STEELVILLE, MO.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

CRAWFORD

c. CITY

OR TOWN

LIBERTY TOWNSHIP

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

8 MI. N.E. STEELVILLE, MO.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LESLIE HOWARD BROWN

4. DATE OF DEATH

Month

Day

Year

JAN. 5-1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6-18-1916

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TREE TRIMMER

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

CHERRY VALLEY, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JEFF BROWN

13b. MOTHER'S MAIDEN NAME

AMY GREGORY

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

HENRY SLOVENSKEY-STEELVILLE, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unexpected death of chronic

heart patient probably

acute dilatation

1 hour

Pulmonary Emphysema - chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 3, 1962

and last saw him

alive on Jan 3 1962

Death occurred at

6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. M. Robey

(Degree or title)

DO.

22b. ADDRESS

Steelville Mo

22c. DATE SIGNED

1/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-8-1962

23c. NAME OF CEMETERY OR CREMATORY

LIBERTY CEMETERY

23d. LOCATION (City, town, or county)

CRAWFORD COUNTY, MO.

24. FUNERAL DIRECTOR

ADDRESS

HALBERT FUNERAL HOME - STEELVILLE, MO.

25. DATE RECD. BY LOCAL REG.

1-19-1962

26. REGISTRAR'S SIGNATURE

J. M. Robey

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.